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		Attorney D	ocket Nur	nber					
	DECLARATION FOR UTILITY OR DESIGN	First Name	d Invento	r Pa	Papathanasslu, Adonia E.				
	PATENT APPLICATION (37 CFR 1.63)		COMPLETE IF KNOWN						
		Application	Number						
	X Declaration Declaration	Filing Date							
	Submitted OR Submitted after Initia	al Group Art U	Jnlt						
	with Initial Filling (surcharge Filling (37 CFR 1.16 (e)) required)	Examiner N	Vame						
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	As a below named inventor, I hereby declare that:								
	My residence, mailing address, and citizenship are as state	;							
	I believe I am the original, first and sole inventor (if only on names are listed below) of the subject matter which is clair	e name is listed bei med and for which s	iow) or an c a patent is s	niginal, first a sought on the	Ind joint inventor invention entitle	(if plural id:			
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Compositions and Methods for Inhibiting Angiogenesis									
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'	(Title of the	he Invention)							
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	was filed on (MM/DD/YYYY)	as Unit	ted States A	Application N	mber or PCT In	(en i laudi lai			
	Application Number and was a	amended on (MM/DI	المسمو			(if applicable).			
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	I hereby state that I have reviewed and understand the co	ntants of the above	identified s	pecification.	Including the cla	lms, as			
	amended by any amendment specifically referred to above	6.							
	acknowledge the duty to disclose information which is mu	eterial to patentabili	ity as define	d in 37 GFR	1.56, including f	or continuation- ne national or			
In-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.									
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Name Adonia E. Papathanassiu										
Address P.O. Box 1001			T							
City Silver Spring			State MD			ZIP 20910				
Country USA Te	lephone (301-585-2703			Fax 301-585-7248					
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NAME OF SOLE OR FIRST INVENTOR:	A pe	ition h	as be	en filed for this	uns	igned inventor				
Given Name (first and middle [if anyl) Adonia E.	Family Name or Surname Papathans			ssiu						
Inventor's Signature						Data 8/22/01				
Residence: City Silver Spring	State	MD		Country USA		Citizenship GREEK				
Mailing Address 1220 East West Hwy, Apt 811										
City Silver Spring se		MD		ZIP 20910		Country USA				
NAME OF SECOND INVENTOR:	A petit	on ha	s bee	n filed for this u	nsi	ned inventor				
Given Name (first and middle [if any])			Family Name or Surname							
Inventor's Signature						Date				
Residence: City	State			Country		Citizenship				
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